



**INDIANA SUPREME COURT**  
**Court Improvement Program**  
**2010 COURT IMPROVEMENT PROGRAM GRANT APPLICATION**  
**Application Deadline: July 1, 2010**

Applications must be submitted via email and by regular mail. Emailed applications must be received no later than 4:00 p.m. EST on July 1, 2010 and should be emailed to [arbrown@courts.state.in.us](mailto:arbrown@courts.state.in.us). Original copies must follow by regular mail and should be sent to the Indiana Judicial Center, Attn: Angela Reid-Brown, 30 South Meridian Street, Suite 900, Indianapolis, Indiana 46204-3564.

This is a fillable form. Fields in gray are for data entry.

**APPLICANT INFORMATION**

Name of Applicant:

Address:

Telephone Number:

Fax Number:

Email Address:

Name and contact information of the person to be contacted on matters involving this grant

Name:

Title:

Address:

Telephone Number:

Fax Number:

Email Address:

**Title of Project:**

**Total Cost of Project:**

Amount of CIP Funds Requested:

Total Match to be provided:

Cash match

Non-cash match

**Project Narrative.** The project narrative must include the purpose for which grant funds are being requested, the outcomes to be achieved by the project, the method for measuring the outcomes, and an anticipated timeline for all relevant events of the project.

**Project Budget:** Use the auto-calculating budget chart to submit a proposed budget for the project.

	Amount of CIP Funds Requested	Cash Match	In-Kind Match	Total Program
Personnel (include taxes and benefits)				\$ 0.00
Contracted Services				\$ 0.00
Rent/Utilities				\$ 0.00
Supplies				\$ 0.00
Equipment				\$ 0.00
Copying/Printing/Postage				\$ 0.00
Education/Training				\$ 0.00
Travel				\$ 0.00
Other				\$ 0.00
<b>Totals</b>	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

**Budget Narrative.** Please explain the details of your budget and include a description and source of the match to be provided for each budget category. Personnel: indicate each position name/title, project duties and responsibilities, whether the position is anticipated to be full or part time, and the salary amount for each position. Contracted Services: list the name of each contracted provider, provide a description of the product or service to be provided, the contracted rate, estimated the time to be spent on the project, and all expenses to be paid from the grant to the contracted provider. Education/Training: List the cost/fees associated with hosting/providing/sponsoring conferences and training events. Travel: list all travel expenses necessary for carrying out the grant program, including the cost of attending grant related training or conferences. The basis for calculation is the current state rate. Current rates are .40 cents per mile, \$26 per day for meals (\$6.50 for breakfast, \$6.50 for lunch, and \$13 for dinner), and reasonable government rates for lodging. See the Indiana Department of Administration web page at [http://www.in.gov/doa/travel/travel\\_policy.pdf](http://www.in.gov/doa/travel/travel_policy.pdf) for further information. Equipment: List each software/equipment item, its purpose, quantity, and unit cost. Other: For costs not specifically identified above, list its purpose, quantity, unit cost and budget total.

**Coordination with other programming.** Please indicate below any other programming, grants or funding that your court or organization receives:

- |   |  |
|---|--|
| <input type="checkbox"/> Pro Se Programming                       | <input type="checkbox"/> Family Court Grant      |
| <input type="checkbox"/> Pro Bono Programming                     | <input type="checkbox"/> GAL/CASA programming    |
| <input type="checkbox"/> ADR Plan with \$20 increased filing fee  | <input type="checkbox"/> Court Reform Grant      |
| <input type="checkbox"/> Problem Solving Courts (please describe) | <input type="checkbox"/> Other (please describe) |

### CERTIFICATION

I have read the foregoing application and proposed budget, and I certify that the statements are true, complete and accurate to the best of my knowledge. If awarded a grant under this proposal, I agree to comply with any resulting terms and conditions and agree to use the funds in the manner outlined in this application. I also understand and agree that the CIP reserves the right to reduce the grant award or terminate the grant at anytime if it becomes apparent that the grant funds are not being used or will not be expended by the end of the grant period.

Signature of Authorized Representative for Court/Organization: \_\_\_\_\_

Date Signed: \_\_\_\_\_